

# NEBRASKA GAMBLERS ASSISTANCE PROGRAM

## FISCAL YEAR 2002 ANNUAL REPORT

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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF MENTAL HEALTH, SUBSTANCE ABUSE  
AND ADDICTION SERVICES



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# HISTORY OF THE PROGRAM

The Gamblers Assistance Program (GAP) was created in 1992 as part of the Nebraska Lottery Act. The GAP was originally administered by the Department of Revenue and subsequently transferred to the Division on Alcoholism, Drug Abuse and Addiction Services in 1995. The initial allocation for the program was 1% of 25% of lottery revenues.

The Lottery Act also created the Nebraska Advisory Commission on Compulsive Gambling. The Commission is made up of eleven members representing all areas of the State who are appointed by the Governor. The role of the Commission is to provide input and advice into planning and funding decisions made from GAP funds. The Commission, in 1993, identified four primary goals for the program:

- 1) Training of counseling professionals to provide services to those affected by problem gambling;
- 2) Establish a statewide network of providers;
- 3) Provide instant access to services across the state, and
- 4) Insure provision of services.

These four goals remain the primary focus of the program. Gamblers assistance is a new field and these goals have proven to be an enormous undertaking. Significant progress has been made toward achieving these goals in the relatively short period of time that the GAP has been in existence. For an overview of the Gamblers Assistance Program and a historical recap of progress in achieving the goals originally established in 1993, see page 16. In developing the services necessary to obtain the goals noted above, contracts are awarded to agencies and individual providers in all areas of the state under three broad types of services. These types are 1) Training, 2) Helpline and 3) Outpatient Therapy/Community Outreach. Each of these types of services are crucial in obtaining the level and types of service delivery desired by the Commission.





In 1996 the Legislature responded to the increase in demand for Gambler Assistance Program services, and the decline in program revenue from the Lottery allocation, by appropriating \$250,000 per year to the GAP from the Charitable Gaming Operations Fund. The Legislature also included intent language in the Appropriations Bill to raise the GAP allocation to one million dollars in future years should the need for additional services be demonstrated. In FY2000 the Legislature increased funding from lottery revenue to \$500,000 plus 1% of 25% of the Lottery revenue but reduced the amount from Charitable Gaming from \$250,000 to \$50,000. It is projected that GAP revenue from these sources will be \$710,000 for FY03.

## **GAP REVENUE BY SOURCE**

	Source of Funds		
	Charitable Gaming Operations Fund	Nebraska Lottery Revenue	Total Revenue
<b>Amount of Annual Allocation for FY02 and Beyond</b>	\$50,000	\$500,000 + ~\$160,000 Total = \$660,000	\$710,000

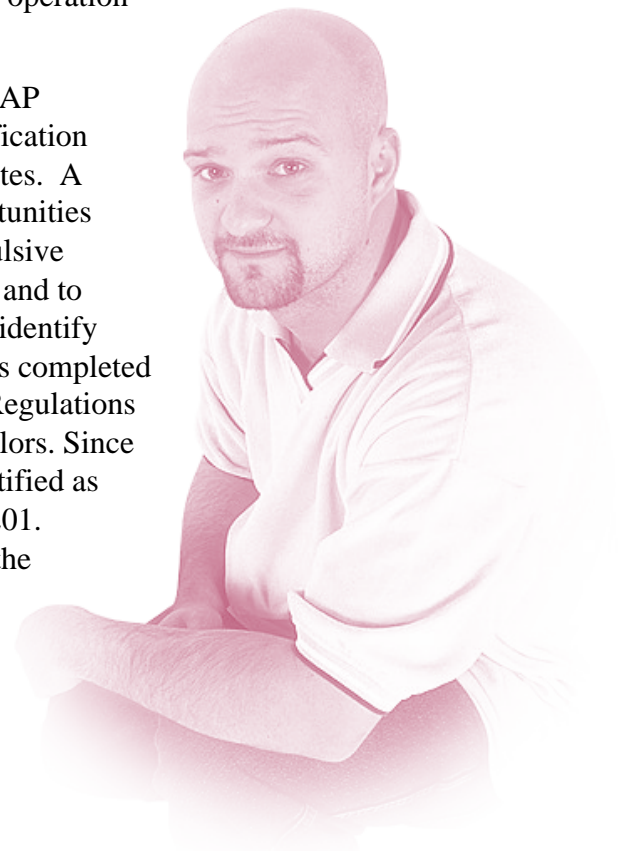
# ADMINISTRATION

The GAP program currently functions within the Office of Mental Health, Substance Abuse & Addiction Services (OMHSAAS). Program staff consists of a .5 FTE Program Manager and a Program Specialist with staff support provided by the OMHSAAS. The Advisory Commission is supported by OMHSAAS staff and provide recommendations to the Administrator of OMHSAAS and the Director of Health and Human Services.

Administrative functions of the GAP program personnel are centered on achieving the four major goals identified by the Commission as listed above. This involves:

- 1) Contracting with and monitoring agencies and individual providers of problem gambling treatment services to promote an effective and accessible statewide system of care;
- 2) Contracting for and monitoring the provision of training for counseling professionals;
- 3) Certification of problem gambling counselors who meet the requirements established by the OMHSAAS; and;
- 4) Contracting for and monitoring the operation of a 24/7 live answer helpline.

A major component in building the GAP infrastructure was to develop counselor certification standards as required by the authorizing statutes. A related activity was to provide training opportunities aimed at meeting the requirements for compulsive gambling counselors to legitimize their work and to provide a means for consumers to accurately identify sources of appropriate help. This process was completed in 1999 with the promulgation of Title 201, Regulations for Certifying Compulsive Gambling Counselors. Since that time seventeen counselors have been certified as meeting the requirements contained in Title 201. The training function has been contracted to the Nebraska Council on Compulsive Gambling. It is a goal of the program to provide sufficient opportunities through the training contract to increase the number of certified counselors by 50% by the end of FY03-04.



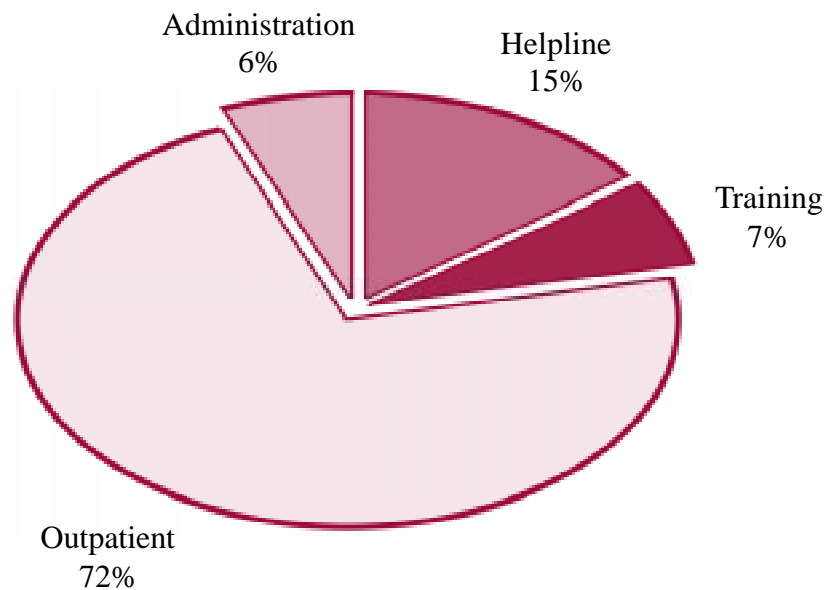
## FY02 EXPENDITURES

The pie chart below depicts the expenditure of GAP funds for the year just ended, FY02. Total expenditures of GAP funds were \$739,250, consisting of \$110,000 for the Helpline, \$50,000 for training of professionals, \$531,500 for agency and individual providers of treatment services and \$47,750 for administration of the GAP program.

Several programs and individual providers exceeded the amount of service provision contracted for with the GAP and provided free (non-reimbursed) services to compulsive gamblers and/or their families. These efforts amounted to approximately \$51,900 in unbilled service provision.

### FY02 GAP EXPENDITURES

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## FY02 SERVICES PROVIDED

### Training

The Nebraska Council on Compulsive Gambling (NCCG) is the contractor for statewide training of counseling professionals. The NCCG has been able to utilize National leaders in the gambling treatment field for trainers through its affiliation with the National Council on Program Gambling (NCPG). This affiliation remains strong and allows the NCCG to provide high quality training events that far exceed the amount of funds available to them through the GAP. In FY02, 132 hours of training were provided to 116 persons throughout the state.

### Helpline

The NCCG also has the contract for helpline services statewide. This service operates twenty-four hours per day, seven days per week. The primary focus of the helpline is to provide information, crisis intervention, and referral services to individuals negatively impacted by gambling behaviors. A very important recent development has been initiating call transfers directly to therapy providers in the caller's community at the caller's request. This step is seen as "closing the gap" between persons in need of services and the services being provided.

Historically, the Helpline has benefited from countless hours of volunteered time to keep this "front line" service going. In FY02, the helpline handled 2,560 calls - an average of 213 per month. All areas of the state are affected by compulsive gambling as evidenced by calls received on the helpline originating from every area of the state.





## *Outpatient Therapy*

Contracts awarded to agencies for services originally were expense reimbursement contracts, then moved to strictly fee-for-service for outpatient therapy/outreach services in 1996. More recently, the GAP initiated agreements with individual therapists throughout the State to provide services. The number of individual agreements has steadily grown, resulting in 27 professionals under contract for FY02. In addition to the individual provider agreements, the GAP has six agency-based contracts for the provision of outpatient therapy. Three of these agencies are located in the eastern part of the state (Lincoln and Omaha) with one each in the Kearney, North Platte and Scottsbluff areas.

While the three agencies in Eastern Nebraska have reached capacity at current funding levels, programs in Central and Western portions of the state are still developing. Rural providers of GAP services are challenged in the same manner as the health care industry with a limited number of professionals available to meet the need for services. This issue is also true of programs serving primarily minority populations. Because of this, community outreach efforts remain a critical need at this time. Extensive community education needs to be done to raise awareness of problem gambling issues and available resources to help those negatively affected by problem gambling. Here again, trained staff is needed to perform this work on a consistent basis. Progress is being made in improving awareness within existing social service systems, however much work remains to be done.

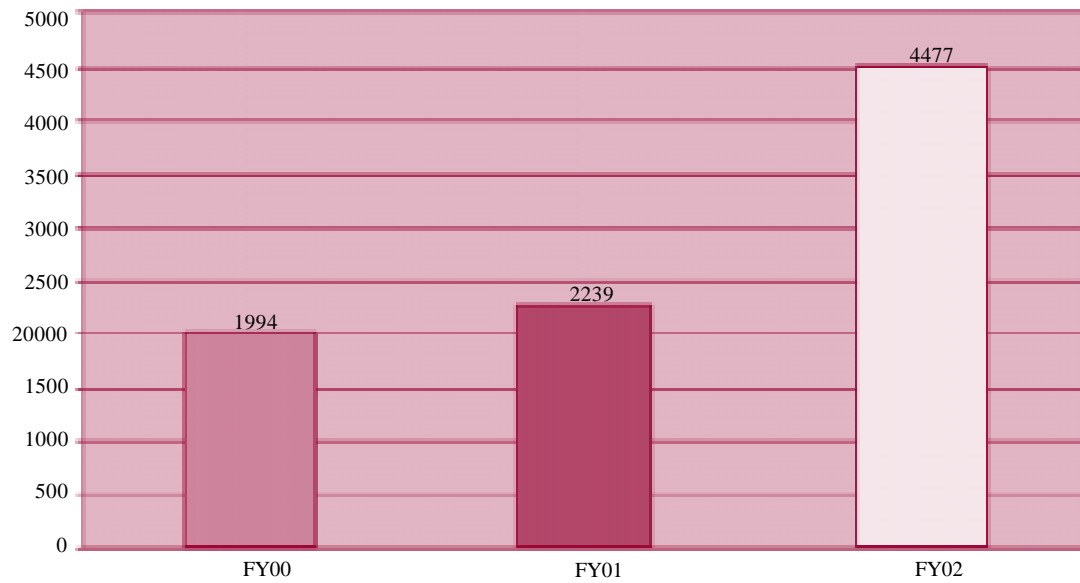
Evidence indicating progress in the improving skill levels of counselors is the increased number of therapy hours in relation to the total number of clients entering the various programs. This trend is due to counselors being able to a) retain consumers in services over longer periods of time, and b) involve significant others in the therapy process more effectively. Both of these developments are seen as improving the likelihood of positive treatment outcomes.

Another recent development is a significant increase in the delivery of therapy services for programs that have developed a stable consumer base. These developments are significant in that the retention of consumers and involvement of significant others are linked to increases in positive treatment outcomes. These trends in service delivery are evident in the bar graphs (page 8) that document therapy utilization over the three-year period FY00 to FY02.

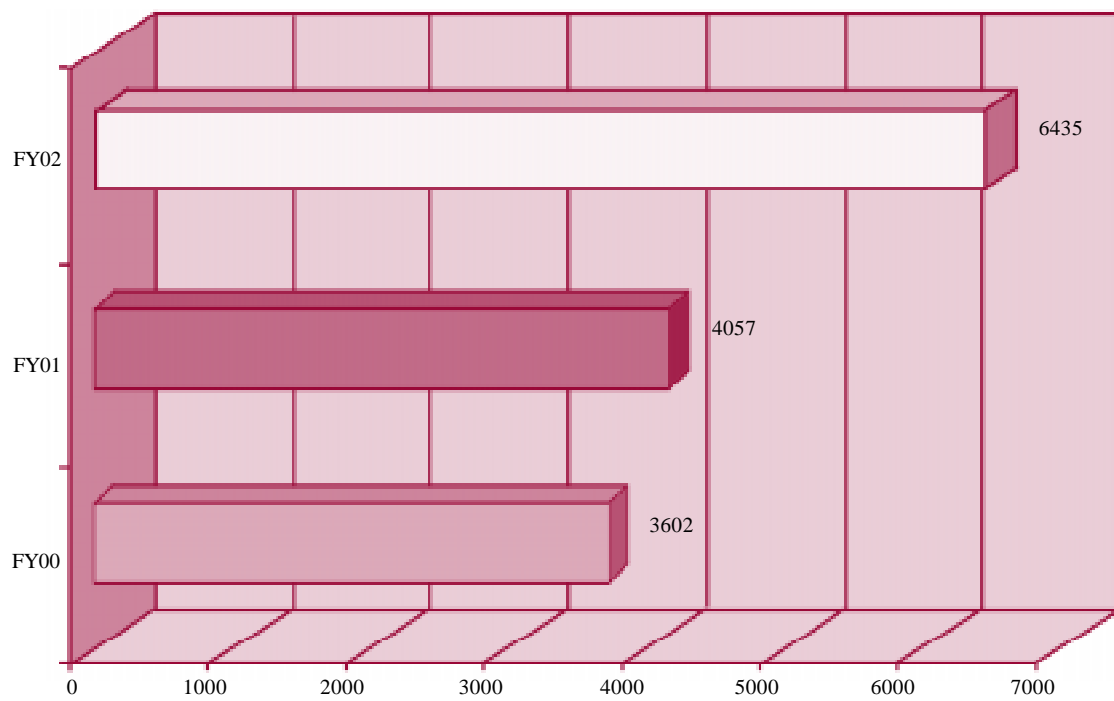




### *Three Year Trend in Individual Therapy Units Provided*



### *Three Year Trend in Total Outpatient Units Provided*



## CURRENT INITIATIVES

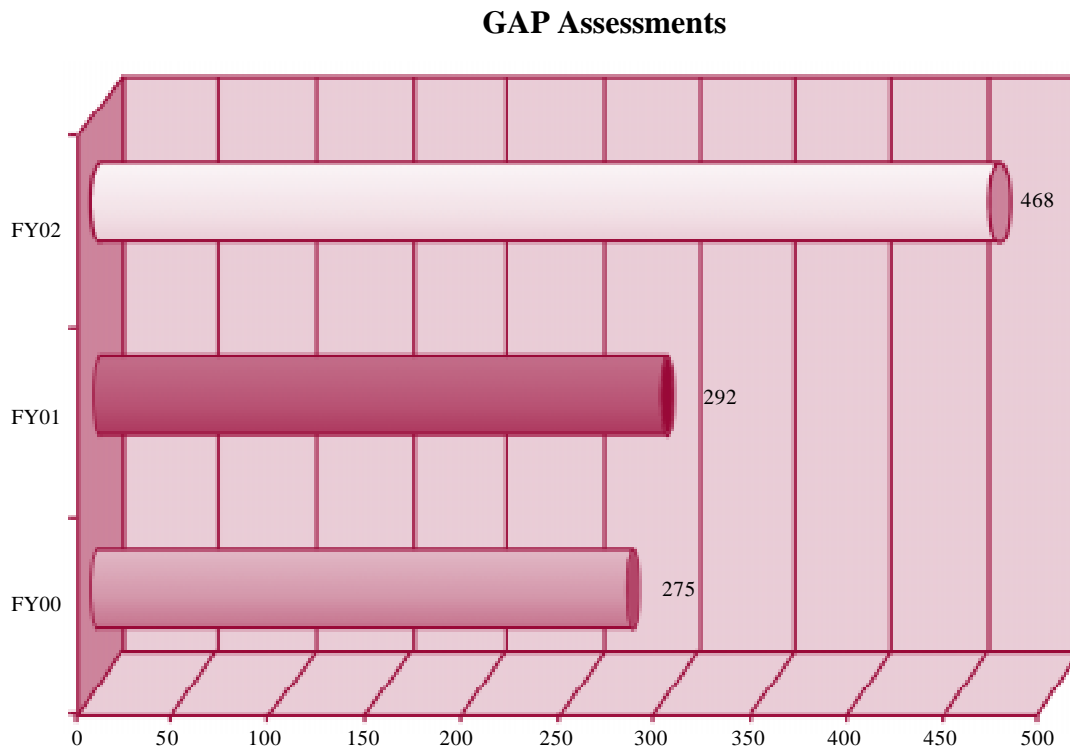
- As part of the helpline and training contract, promotion of a major statewide conference in the spring of 2003 to coincide with the declaration of March 10-16 as National Problem Gambling Awareness Week.
- An awareness effort to promote the helpline and increase access to services. This includes a major informational/educational campaign in the Ainsworth, McCook and Kearney areas targeted at probation, the judicial system, corrections, mental health and substance abuse professionals, clergy, and mass media.
- Inclusion in the training contract of a provision to reimburse travel expenses of prospective counselors who must travel in excess of 150 miles to attend courses required for certification. This initiative is aimed at workforce development in the rural areas of the state.
- Implementation of a Provider Program Manual which sets out fiscal and programmatic requirements for maintaining approved provider status in the GAP.
- Initiation of reviews of all providers to determine compliance with the Program Manual requirements.

## FUTURE CHALLENGES FOR THE GAP

The GAP has made significant strides since its inception in 1993. A growing number of professional counselors have been trained to assess problem gambling in their clients and have developed skills in the treatment of problem gambling. Substantial program development has occurred and the addition of individual providers has helped to establish a sound network of professionals to assist the problem gambler and their families. Public education/awareness activities have been successful in promoting the need for treatment and the benefits to society in the way of reduced social cost from treating the problem gambler. Referrals from social service agencies as well as self and family referrals have shown steady increases over time leading to consistent growth in the number of clients in treatment.

Because of these developments, existing providers are being stretched to meet this increase in demand for services given the limited resources available. As a result, many providers are delivering services in excess of their contracted amounts. This pattern of demand is best shown by reference to the graph below which shows a 60% increase in the number of new client assessments in the past fiscal year. The current budget constraints faced by the State suggest that the GAP, without additional resources, will be severely challenged to meet the expected future increases in the need for services.

### *Three Year Trend in Assessments Provided*



## ESTIMATING THE PREVALENCE OF PROBLEM GAMBLING AND TREATMENT UTILIZATION

An Oregon study conducted in 1997 estimated the current year problem gambling prevalence rate at 1.9 percent of the adult population and the current year pathological gambling prevalence rate at 1.4 percent for a combined rate of 3.3 percent (Volberg, R.A.). This estimate is likely very similar to the results that would be found in Nebraska since the population characteristics and the variety of gambling opportunities in Oregon are quite similar to those in Nebraska.

Using the Oregon results as a proxy and applying the adult population of Nebraska to the Oregon rate yields an estimate of 41,610 Nebraskans who could benefit from treatment. Ford and Schmittiel (1974) have estimated that given adequate treatment opportunities and social awareness of a given problem, an estimated 20 percent of those in need of treatment will be referred and enter treatment in a given year. Applying this finding to the 41,610 problem gamblers estimated for Nebraska yields an annual demand for services of 8,322.



## ANTICIPATED INCREASE IN TREATMENT DEMAND

In FY2002 GAP providers treated some 721 problem gamblers and family members, which represents an 85% increase over the 389 consumers served in FY2001. The per consumer average cost of treatment was \$737 (\$531,500 divided by 721). If the GAP were to treat the total estimate of 8,322 Nebraskans who would seek and benefit from treatment if it were available, additional resources in the amount of \$5,601,937 would ultimately be required (7,601 x \$737).

Certainly the demand for services will not increase in the near future to a point which includes all of those who could benefit. The trend in treatment demand is clearly steadily upward - averaging an 85% increase over the past three years. Assuming that the growth rate in future years declines to half this rate (42.5%) still means that severe strains will be placed on the existing GAP system. The Chart below summarizes the effects of assuming this growth rate over the next three-year period.

Projected GAP Allocation Need					
Year	Individuals Served	Increase in Persons Served from Prior Yea	Treatment Expenditure per Person	Total Expenditures	Increased Need Based Upon Persons Served
FY02	721	332	\$737	\$531,500	-
FY03	1027	306	\$737	\$756,899	\$225,399
FY04	1463	436	\$737	\$1,078,231	\$321,332
FY05	2085	622	\$737	\$1,536,645	\$458,414

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Under these assumptions, an additional \$1,005,145 will be required to provide the resources necessary to serve the additional demand in FY05. Assuming the 85% rate of increase experienced over the past three years continues the amount required to fund needed services increases to a total of \$2,800,708.



## TREATMENT INVESTMENT

Studies conducted in Iowa, Oregon and Minnesota, support the premise that problem gambling services are a good government investment. In 1999, the National Opinion Research Center released a report placing per gambler social costs at \$5,100 for problem gamblers and \$10,500 for pathological (more severe) gamblers. The NORC also noted that these figures reflect "a small number of tangible consequences (page 41)" and do not encompass the full array of probable consequences experienced. Using the NORC figures from problem gamblers only, the 41,610 problem gamblers in Nebraska represent a minimal social cost of \$212,211,000 if left untreated.

In 1997, Cal Data produced a report that found a \$4.00-\$7.00 reduction in social costs for every \$1.00 spent on substance abuse treatment efforts. Many research findings are indicating that the current problem gambling treatment outcomes are similar to those of substance abuse services. Applying minimally expected savings in social costs of \$4.00 for each dollar expended on GAP services would result in a net savings to the State of \$6,146,580 if the GAP is funded at a level commensurate with anticipated need. As the chart below indicates, potential savings increase exponentially with the amount of funds committed to treatment services.

<b>Savings from GAP Allocations</b>				
Year	Total Treatment Expenditures	Increase in Treatment Expenditures	Return on investment	Return on increased investment
FY02	\$531,500	-	\$2,126,000	-
FY03	\$756,899	\$225,399	\$3,027,596	\$901,596
FY04	\$1,078,231	\$321,332	\$4,312,924	\$1,285,328
FY05	\$1,536,645	\$458,414	\$6,146,580	\$1,833,656



## IMPACT OF EXPANDED GAMBLING

The prospect of expanded gambling opportunities in the form of casino gambling will have the effect of increasing the number of those seeking treatment. A study conducted for the State of Iowa (Shaffer, LaBrie, LaPlante, and Kidman) by the Harvard Medical School indicates that crisis contacts (problem gambling service utilization) cluster around gambling venues. Their findings show a statistically significant relationship between distance from a casino and population adjusted crisis contacts.

With or without an initiative to expand gambling venues in Nebraska the number of Nebraska's seeking treatment for their problem gambling will show substantial increases over the next several years. The GAP will be hard pressed to insure that those seeking treatment will have available to them adequate treatment alternatives to meet their needs. The primary goals set for the GAP since its inception were to train a sufficient cadre of professionals and to develop a network of providers across the state sufficient to provide access to services for all those who present themselves for services. This is likely to prove more difficult to achieve in the future than has been the experience over the first 10 years of the GAP's existence.



## Nebraska Gamblers Assistance Program

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### **MISSION STATEMENT**

“To reduce the impact of problem gambling in Nebraska”

### **GOALS**

1. Maintain a viable infrastructure of trained professionals to provide services to affected individuals.
2. Establish a statewide network of these providers
3. Provide instant access to services throughout the state.
4. Insure provision of appropriate services.

### **FY02 STATISTICS**

- Assessments of gambling problems increased 60% over FY01
- Individual outpatient therapy utilization increased 99% over FY01
- There are currently 33 approved providers of Gamblers Assistance Program services
- Over 721 individuals utilized outpatient therapy services – an increase of 85% over FY01

### **ADVISORY COMMISSION ON COMPULSIVE GAMBLING**

#### **Commissioners**

Janet French, Chair Omaha, NE	Tom Nutt Holdrege, NE	Dick Stalker Grand Island, NE
Susan Paraschand, Secretary Alliance, NE	Sherrie Geier Lincoln, NE	John Atherton Omaha, NE
Lisa Jones North Platte, NE	Frank McGill Omaha, NE	Steve Jung Lincoln, NE

### **KEY STATE EMPLOYEES**

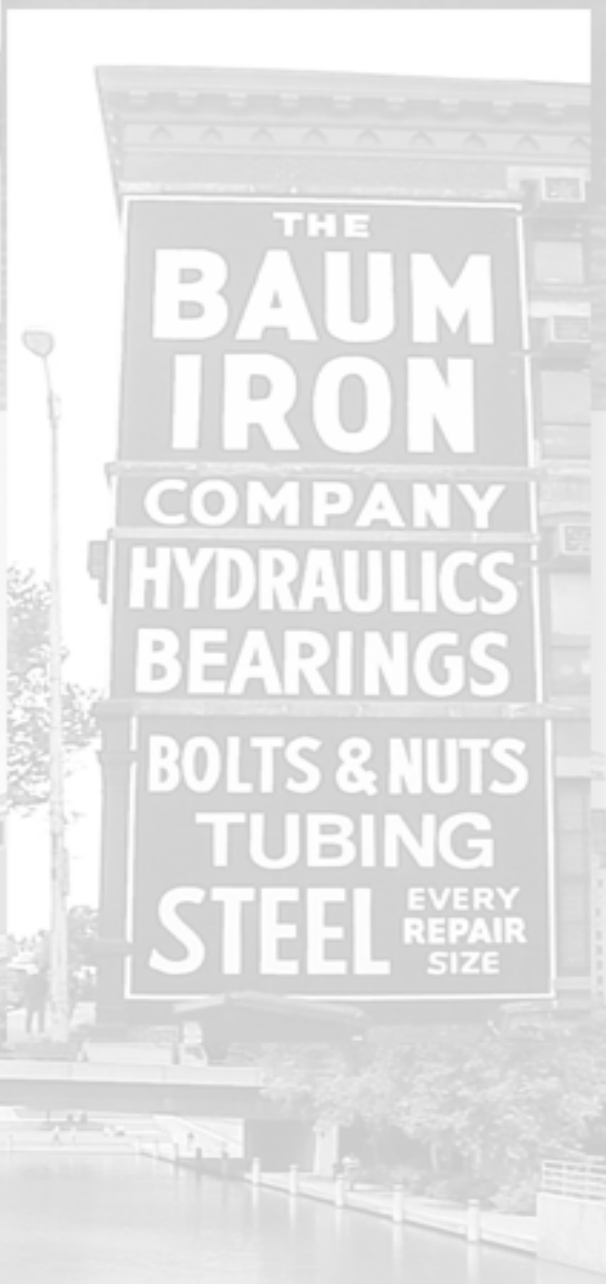
<i>Ron Ross</i> , Director Department of Health and Human Service	<i>Ron Sorensen</i> , Administrator Office of Mental Health, Substance Abuse and Addiction Service
<i>Tim Christensen</i> , Program Manager Office of Mental Health, Substance Abuse	<i>Gordon Tush</i> , Program Specialist Office of Mental Health, Substance Abuse

### **Growth Points**

*“Growth points are initial problems, threats, and challenges to an organization that require a response. A strategic response converts the trials to achievements.”*

*Carey Kaltenbach, Grants Administrator for Missouri Dep. of Health and Human Services*

<b>Date</b>	<b>Challenge</b>	<b>Response</b>	<b>Result</b>	<b>Achievement</b>
1993	No problem gambling services in Nebraska	Advisory Commission appointed/ GAP staff hired	1. Identified GAP priorities	Program infrastructure developed
1995	Resources inadequate for service demand	Legislature appropriates additional funds	1. Increased service provision 2. GAP moved to OMHSAAS	1. Improved distribution of providers 2. Improved coordination with existing service system
1999	No recognized credential for professionals	Counselor certification regulations developed and promulgated	Problem gambling recognized as disorder that requires specialized training to appropriately treat	1. Title 201 adopted 2. Public able to identify qualified providers
2000	Resources inadequate for service demand	Strategic Planning Session held with providers and Commission	1. GAP priorities reaffirmed 2. Focus on maximizing GAP resources	1. Funding priorities established 2. Identification of potential partners
2000	Resources inadequate for service demand	Legislature appropriates additional funds	1. Provider pool established 2. Increased service provision	1. Improved distribution of providers 2. Increase in number of persons served
2000	Lack of best practices in problem gambling services/administration	Initiated formation of national association (APGSA)	1. Aided in development of provider pool 2. Improved administrative efficiencies	1. More counselors able to provide services 2. Improved service delivery to consumers
2001	Prioritization of limited resources	Assessed training costs – altered process accordingly	Changed training contract to be more cost-effective and responsive	1. Increased number of persons trained per event 2. Improved efficiency
2001	Prioritization of limited resources	Assessed helpline process	Changed helpline contract to eliminate duplicative cost	1. Began to phase out local number to use national number 2. Improved efficiency
2002	Influx of new Commissioners	Strategic Planning Session	Continue to explore means of improving efficacy, efficiency and responsiveness	1. Adopted mission statement 2. Reaffirmed priorities
2002	Limited public awareness of GAP services	Assessed training/helpline contract	Altered scope of contracts to include rural awareness initiative	1. Targeted outreach in rural areas of State 2. Awareness week slated for March, 2003






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